

# ESO Arts Center 2011/2012 STUDENT REGISTRATION FORM

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STUDENT NAME \_\_\_\_\_

MAILING ADDRESS, TOWN,  
ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
(please circle PREFERRED phone contact number)

E-MAIL \_\_\_\_\_ DATE OF BIRTH (minor) \_\_\_\_\_

PARENT NAME (minor) \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_  
(if different from mailing)

I am interested in volunteering at ESO --- (please check box)

**FEES:** ANNUAL REGISTRATION FEE \$15 (once per class year Sept. 1 to Aug. 31) \_\_\_\_\_

CLASS NAME \_\_\_\_\_ CLASS FEE \_\_\_\_\_

CLASS NAME \_\_\_\_\_ CLASS FEE \_\_\_\_\_

DATE \_\_\_\_\_ TOTAL \_\_\_\_\_

## MEDICAL INFORMATION---MUST BE COMPLETED for minor children

Doctor/Clinic Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Any Allergies? \_\_\_\_\_ Any Medications? \_\_\_\_\_

Is there any additional information we should know about your child? \_\_\_\_\_

**Statement:** I, my child and/or my family (herein known as the "Student") will be attending Eastern Shore's Own, Inc (herein known as "ESO"). I hereby authorize ESO to make arrangements for or give any medical attention to the Student, emergency or otherwise that is deemed necessary under the circumstances by the sole discretion of ESO. I hereby give permission to the physician selected by ESO to hospitalize and secure proper treatment as the physician may deem appropriate.

When students are involved with any physical activities, therein occurs the possibility of accidental injury. While it is our expressed intention to provide for the safety and protection of each student, the student/parent, understands and is aware that the possibility of injury is present. Therefore, the student/parent agree that ESO, Inc., our staff and contracted affiliates shall not be held liable for any injury sustained by the student either before, during, or after participating in his or her scheduled class or any other special event.

I understand that payment in full is due on or before the date of individual lessons, and that payment "by the month" for classes is due in full by the 10<sup>th</sup> of each month. Except for extenuating circumstances, I understand I will be responsible for payment of scheduled lessons where a 24-hour notice of cancellation has not been given. Pre-paid missed classes may be made up at the convenience of instructor and student.

ESO, Inc. reserves the right to use photographs, taken either in class or on the ESO campus, of ESO student and/or their art, for the purposes of instruction, advertising and promoting ESO and its program. Student, or parents of students who are minors, who do not wish to comply with this policy must notify the Student Records office in writing when they register.

I READ AND UNDERSTAND ALL POLICIES AND PROCEDURES SET BY Eastern Shore's Own, Inc.

Parent/Guardian/Student (printed) \_\_\_\_\_

Signature \_\_\_\_\_